

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/21/2017	
NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00221801.</p> <p>Complaint IN00221801 - Substantiated. Federal/State deficiencies related to allegation are cited at F309.</p> <p>Survey date: February 21, 2017</p> <p>Facility number: 002574 Provider number: 155677 AIM number: 201224380</p> <p>Census bed type: SNF: 52 SNF/NF: 20 Total: 72</p> <p>Census payor type: Medicare: 31 Medicaid: 14 Other: 27 Total: 72</p> <p>Sample: 04</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on February</p>			F 0000	<p>The plan of correction is to serve as Bell Trace Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Bell Trace Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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F 0309 SS=D Bldg. 00	<p>24, 2017.</p> <p>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on interview and record review, the facility failed to follow the discharge medication orders from a local hospital for 1 of 3 resident reviewed for medication dosage discrepancies.</p>		F 0309	<p>F 309 483.24, 483.25(k)(l) Provide Care/Services for Highest Well Being</p>		03/13/2017	

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	<p>(Resident B)</p> <p>Findings Include:</p> <p>On 2/21/17 at 11:00 a.m., Resident B's clinical record was reviewed. Resident B's diagnoses included, but were not limited to: paroxysmal atrial fibrillation, hypothyroidism, non-Hodgkin's lymphoma.</p> <p>Resident B's discharge instructions from a local hospital, dated 01/05/2017, indicated Resident B was to be on levothyroxine (Thyroid hormone replacement) 0.15 mg (150 mcg) 150 mcg by mouth every morning.</p> <p>Documented admission orders, dated 1/5/2017 at 6:49 p.m., by LPN #1 was for levothyroxine 25 mcg every am, with no discrepancy concern voiced by LPN #1.</p> <p>Medication Administration Records indicated, levothyroxine 25 mcg was given from 1/06/2017 until Resident B was discharged to home on 1/13/2017, daily for 8 days.</p> <p>On 2/21/2017 at 2:50 p.m., Resident B's Physician was interviewed and indicated he did not remember the situation regarding being called with admission orders for Resident B, on 01/05/2017.</p>				<p>I. The corrective actions to be accomplished for those residents found to have been affected by the practice.</p> <p>Resident B no longer resides at the facility</p> <p>II. The facility will identify other residents that may potentially be affected by the practice.</p> <p>Other residents admitted to the facility from the hospital in the last 60 days have been reviewed for medication dosage discrepancies. Any discrepancies identified have been notified to the physician and the facility is following MD orders.</p> <p>III. The facility will put into place the following systematic changes to ensure that the practice does not recur.</p> <p>Licensed nurses will be educated regarding following hospital discharge medication orders and verifying hospital discharge</p>		

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	<p>ON 2/21/2017 at 3:00 p.m., interview with LPN #1 indicated she did not remember the phone call to the physician on 1/5/2017, related to receiving admission orders for Resident B.</p> <p>On 2/21/2017 at 3:30 p.m., LPN #2 indicated there was no system in place to verify orders between the hospital and physician. She also indicated there were no progress notes, in Resident B's clinical record, to indicate any questions to the physician related to the differences in medication dosages for the levothyroxine.</p> <p>Interview with the acting Director of Nursing on 2/21/2017, indicated the levothyroxine dosage discrepancy should have been verified.</p> <p>On 2/21/2017 at 3:45 p.m., review of facility's current policy related to administering medications, revised April 2007, number 4 indicated "if a dosage is believed to be inappropriate or ... the person preparing or administering the medication shall contact the resident's attending physician or the facility's medical director to discuss the concerns."</p> <p>This Federal tag relates to Complaint IN00221801.</p>			<p>medication orders with the physician.</p> <p>Two licensed nurses will verify accuracy of discharge medication orders upon admission to the facility.</p> <p>IV. The facility will monitor the corrective action by implementing the following measures.</p> <p>The nurse management team, or designee, will audit the accuracy of discharge medication orders for residents admitted to the facility daily for 30 days. The nurse management team, or designee, will then audit the accuracy of discharge medication orders for 5 residents weekly for 60 days. The nurse management team, or designee, will then audit the accuracy of discharge medication orders for 5 residents monthly for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3</p>			

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	3.1-37(a)				<p>months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>V. Plan of Correction completion date.</p> <p>Date of Compliance: March 13th, 2017</p>		